

# Instructions for Reportable Events Form

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Reportable Event Header	Explanation
<b>Adult Developmental Services Event</b>	
<b>Category</b>	Check off only one category which the event fits most appropriately.
<b>Identifying Information</b>	
<b>Client First Name</b>	Subject of the reportable event
<b>Last Name</b>	Same as above
<b>Gender</b>	Same as above
<b>Date of Birth</b>	Subject of the reportable event
<b>Social Security Number-</b>	Same as above
<b>Event Start Date</b>	The date the event occurred
<b>Event Start Time</b>	The time the event occurred
<b>Event End Date</b>	The date the event ended
<b>Event End Time</b>	The time the event ended
<b>Reportable Event Information</b>	
<b>Short Description of Event:</b>	Describe event briefly and accurately. Any further information such as witness statements/detailed write-ups will be gathered if there is an investigation. If filling out in hard copy use additional paper and attach.
<b>Short Description of Actions taken:</b>	Describe actions taken regarding the event.
<b>Worker Details</b>	
<b>Was Worker(s) involved in event?</b>	Please indicate whether the worker was involved in the event, not involved in the event, or it is unknown.
<b>Name(s):</b>	If worker(s) were involved in the event, please provide the Name(s) of involved worker(s).
<b>Worker Type:</b>	If worker(s) was involved in the event, please indicate Worker Type.
<b>Was another Person(s) involved in event:</b>	Other persons who have relevant information but are not witnesses
<b>Name(s)</b>	If other person(s) were involved in the event, please provide the Name(s) of those involved
<b>Role:</b>	If other person(s) were involved in the event, please provide the role of the person(s)
<b>Reporter Details</b>	
<b>Reporter (Name, Telephone (work)#, Address, &amp; E-mail</b>	Person reporting event and that persons work phone number
<b>Reporter Title:</b>	Title of the person reporting the event
<b>Reporter ID: (Reporter's relationship to the individual who is the subject of the report)</b>	Please specify the reporter ID by checking the box that corresponds to the relationship between the reporter and the subject of the report

<b>Reporter Role:</b>	Please indicate by checking the appropriate box as to the role of the Reporter in the event
<b>Method of Reporting:</b>	Please indicate the method by which this event was reported to the Department.
<b>Location:</b>	Please check off the location of where the reportable event took place
<b>Agency Details</b>	
<b>Agency Name, Telephone #, &amp; Address</b>	Name of agency of person who is reporting
<b>Program/Facility Name, Telephone #, Address</b>	Please provide the Program/Facility Name, Telephone Number, and Address of where the reportable event took place
<b>Agency/Contact/Filer Details</b>	
<b>Filer Type</b>	The filer is the person that is responsible for filing the reportable event. Please check off the type of filer from the check boxes provided on the form.
<b>Filer (Name, Telephone (work)#, &amp; E-mail</b>	Please provide the Filer Name, Work Telephone Number, and e-mail address (if applicable)
<b>Notifications</b>	
<b>Client's Family Notified:</b>	Was the client's family notified of the event?
<b>Guardian Notified</b>	Has the guardian been notified of the event
<b>If yes, Who Notified Guardian:</b>	Name of the person who notified guardian
<b>Guardian Name, Address &amp; Phone #:</b>	Give information of guardian, if Adult Developmental Services is guardian put PUBLIC

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<b>Client Name</b>	Subject of the reportable event
<b>Event Types</b>	Check off the event type(s) that best describe what is being reported. If you are checking off a box in this section then you must call in the event IMMEDIATELY to your local DHHS Adult Developmental Services Office with follow-up with written report to Incident Data Specialist for the appropriate District within forty-eight hours.

**Page 3 -** This page is to be filled out for restraints and medication errors and faxed or mailed within 48 hours.

**02/09/12**